

4/18/2007 12:55 PM FROM: 781 846 8354 TO: 1 571 273 2885

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| TIBELLEGE VVVVV | W OVEIGO IVOLEIGO | | 193-1 | (Signature) |
| 1 700.00 DA | 1 | | 41 | 18/07 (Date) |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/822,166 | 04/09/2004 | Annol Mathur | CDS-001 | 2951 |

TITLE OF INVENTION: CIRCUIT COMPARISON BY INFORMATION LOSS MATCHING

| | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
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| nonprovisional | YES | \$700 | \$0 | \$0 | \$700 | 06/04/2007 |
| EXA | MINER | ARTUNIT | CLASS-SUBCLASS | | | |
| WHITMORE, STACY | | 2825 | 716-005000 | - | | |
| CFR 1.363). Change of corres Address form PTO/S PFee Address in PTO/SB/47; Rev 03- Number is required ASSIGNEE NAME / PLEASE NOTE: Ur recordation as set for (A) NAME OF ASS CALYPTO | ND RESIDENCE DATA Alless on assignee is ident th in 37 CFR 3.11. Comp GNEE DESIGN SYS* | Inge of Correspondence Indication form and. Use of a Customer A TO BE PRINTED ON ified below, no assignee sletion of this form is NO | or agents OR, alternative (2) the name of a single registered attorney or a 2 registered attorney or a 2 registered attorney or the control of the control o | 3 registered patent attorned; e firm (having as a membragent) and the names of urneys or agents. If no namprimed. De) atent. If an assignce is it assignment. and STATE OR COUNT | cr a 2 p to le is 3 dentified below, the doct | _ |
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Date & Time: 4/18/07 12:50 PM

Pages: 2

Re: Issue Fee in 10/822,166